

MAIL TO:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



| State Charity Registration Number <u>CT0163526</u> RECEIVED Alameda County Family Justice Center Attorney General's Office Name of Organization <u>470 - 27th Street</u> Address (Number and Street) <u>Oakland, CA 94612</u> City or Town, State and ZIP Code | | Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2996837</u> Federal Employer I.D. No. <u>26-1141080</u> | | | |
|---|-------------------------------------|---|--|--------------------------|-------------------------------------|
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts | | | | | |
| Gross Annual Revenue Less than \$25,000 Between \$25,000 and \$100,000 | Fee 0 \$25 | Gross Annual Revenue Between 100,001 and \$250,000 Between \$250,001 and \$1 million | Fee \$50 \$75 | | |
| | | Gross Annual Revenue Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million | Fee \$150 \$225 \$300 | | |
| PART A - ACTIVITIES | | | | | |
| For your most recent full accounting period (beginning <u>01</u> / <u>01</u> / <u>08</u> ending <u>12</u> / <u>31</u> / <u>08</u>) list: Gross annual revenue \$ <u>0</u> Total assets \$ <u>0</u> | | | | | |
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT | | | | | |
| Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. | | | | | |
| | | | <table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </table> | Yes | No |
| Yes | No | | | | |
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| 9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? | | | <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Organization's area code and telephone number (<u>510</u>) <u>267-</u> <u>8800</u> | | | | | |
| Organization's e-mail address <u>www.acfjc.org</u> | | | | | |
| I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete. | | | | | |
| Signature of authorized officer | | <u>Harold O. Boscovich</u> Printed Name | <u>Secretary/Director</u> Title | | |
| | | <u>8/13/2010</u> Date | | | |